

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/610 118

FILING DATE

07-08-00

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | * | | * | | * | |
|--------------|----------|------|------------------------|------|------------------------|------|--------------|------|------|------|------|------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | | | | | | | 51 | | 3 | | | | |
| 2 | | | | | | | 52 | | 1 | | | | |
| 3 | | | | | | | 53 | | 1 | | | | |
| 4 | | | | | | | 54 | | 3 | | | | |
| 5 | | | | | | | 55 | | 1 | | | | |
| 6 | | | | | | | 56 | | 3 | | | | |
| 7 | | | | | | | 57 | | 1 | | | | |
| 8 | | | | | | | 58 | | 1 | | | | |
| 9 | | | | | | | 59 | | | | | | |
| 10 | | | | | | | 60 | | | | | | |
| 11 | | | | | | | 61 | | | | | | |
| 12 | | | | | | | 62 | | | | | | |
| 13 | | | | | | | 63 | | | | | | |
| 14 | | | | | | | 64 | | | | | | |
| 15 | | | | | | | 65 | | | | | | |
| 16 | | | | | | | 66 | | | | | | |
| 17 | | | | | | | 67 | | | | | | |
| 18 | | | | | | | 68 | | | | | | |
| 19 | | | | | | | 69 | | | | | | |
| 20 | | | | | | | 70 | | | | | | |
| 21 | | | | | | | 71 | | | | | | |
| 22 | | | | | | | 72 | | | | | | |
| 23 | | | | | | | 73 | | | | | | |
| 24 | | | | | | | 74 | | | | | | |
| 25 | | | | | | | 75 | | | | | | |
| 26 | | | | | | | 76 | | | | | | |
| 27 | | | | | | | 77 | | | | | | |
| 28 | | | | | | | 78 | | | | | | |
| 29 | | | | | | | 79 | | | | | | |
| 30 | | | | | | | 80 | | | | | | |
| 31 | | | | | | | 81 | | | | | | |
| 32 | | | | | | | 82 | | | | | | |
| 33 | | | | | | | 83 | | | | | | |
| 34 | | | | | | | 84 | | | | | | |
| 35 | | | | | | | 85 | | | | | | |
| 36 | | | | | | | 86 | | | | | | |
| 37 | | | | | | | 87 | | | | | | |
| 38 | | | | | | | 88 | | | | | | |
| 39 | | | | | | | 89 | | | | | | |
| 40 | | | | | | | 90 | | | | | | |
| 41 | | | | | | | 91 | | | | | | |
| 42 | | | | | | | 92 | | | | | | |
| 43 | | | | | | | 93 | | | | | | |
| 44 | | | | | | | 94 | | | | | | |
| 45 | | | | | | | 95 | | | | | | |
| 46 | | | | | | | 96 | | | | | | |
| 47 | | | | | | | 97 | | | | | | |
| 48 | | | | | | | 98 | | | | | | |
| 49 | | | | | | | 99 | | | | | | |
| 50 | | | | | | | 100 | | | | | | |
| TOTAL IND. | 14 | 4 | | | | | TOTAL IND. | | | | | | |
| TOTAL DEP. | 73 | 12 | | | | | TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | 87 | | | | | | TOTAL CLAIMS | | | | | | |

BEST AVAILABLE COPY

84

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | | | | | | |
|-----------------|----------|------|------------------------|------|------------------------|------|-----------------|------|------|------|------|------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | | | | | | | 51 | / | | | | | |
| 2 | | | | | | | 52 | | | | | | |
| 3 | | | | | | | 53 | | | | | | |
| 4 | | | | | | | 54 | | | | | | |
| 5 | | | | | | | 55 | | | | | | |
| 6 | | | | | | | 56 | / | | | | | |
| 7 | | | | | | | 57 | | | | | | |
| 8 | | | | | | | 58 | | | | | | |
| 9 | | | | | | | 59 | | | | | | |
| 10 | | | | | | | 60 | / | | | | | |
| 11 | | | | | | | 61 | | | | | | |
| 12 | | | | | | | 62 | | | | | | |
| 13 | | | | | | | 63 | | | | | | |
| 14 | | | | | | | 64 | | | | | | |
| 15 | | | | | | | 65 | | | | | | |
| 16 | | | | | | | 66 | / | | | | | |
| 17 | | | | | | | 67 | / | | | | | |
| 18 | | | | | | | 68 | / | | | | | |
| 19 | | | | | | | 69 | / | | | | | |
| 20 | | | | | | | 70 | / | | | | | |
| 21 | | | | | | | 71 | | | | | | |
| 22 | | | | | | | 72 | | | | | | |
| 23 | | | | | | | 73 | / | | | | | |
| 24 | | | | | | | 74 | / | | | | | |
| 25 | | | | | | | 75 | / | | | | | |
| 26 | | | | | | | 76 | / | | | | | |
| 27 | | | | | | | 77 | / | | | | | |
| 28 | | | | | | | 78 | / | | | | | |
| 29 | | | | | | | 79 | / | | | | | |
| 30 | | | | | | | 80 | / | | | | | |
| 31 | | | | | | | 81 | / | | | | | |
| 32 | / | | | | | | 82 | / | | | | | |
| 33 | / | / | | | | | 83 | / | | | | | |
| 34 | | / | | | | | 84 | / | | | | | |
| 35 | | / | | | | | 85 | / | | | | | |
| 36 | | / | | | | | 86 | / | | | | | |
| 37 | | / | | | | | 87 | / | | | | | |
| 38 | | / | | | | | 88 | / | | | | | |
| 39 | | / | | | | | 89 | / | | | | | |
| 40 | | / | | | | | 90 | / | | | | | |
| 41 | | / | | | | | 91 | / | | | | | |
| 42 | | / | | | | | 92 | / | | | | | |
| 43 | | / | | | | | 93 | / | | | | | |
| 44 | | / | | | | | 94 | / | | | | | |
| 45 | | / | | | | | 95 | / | | | | | |
| 46 | | / | | | | | 96 | / | | | | | |
| 47 | | / | | | | | 97 | / | | | | | |
| 48 | | / | | | | | 98 | / | | | | | |
| 49 | | / | | | | | 99 | / | | | | | |
| 50 | | / | | | | | 100 | | | | | | |
| TOTAL IND. | 1 | | | | | | TOTAL IND. | | | | | | |
| TOTAL DEP. | 2 | | | | | | TOTAL DEP. | 57 | | | | | |
| TOTAL CLAIMS | 3 | | | | | | TOTAL CLAIMS | | | | | | |

EXHIBIT 13

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM FTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | | | | | | |
|-----------------|----------|------|------------------------|------|------------------------|------|-----------------|------|------|------|------|------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 201 | | | | | | | 201 | | | | | | |
| 202 | | | | | | | 202 | | | | | | |
| 203 | | | | | | | 203 | | | | | | |
| 204 | | | | | | | 204 | | | | | | |
| 205 | | | | | | | 205 | | | | | | |
| 206 | | | | | | | 206 | | | | | | |
| 207 | | | | | | | 207 | | | | | | |
| 208 | | | | | | | 208 | | | | | | |
| 209 | | | | | | | 209 | | | | | | |
| 210 | | | | | | | 210 | | | | | | |
| 211 | | | | | | | 211 | | | | | | |
| 212 | | | | | | | 212 | | | | | | |
| 213 | | | | | | | 213 | | | | | | |
| 214 | | | | | | | 214 | | | | | | |
| 215 | | | | | | | 215 | | | | | | |
| 216 | | | | | | | 216 | | | | | | |
| 217 | | | | | | | 217 | | | | | | |
| 218 | | | | | | | 218 | | | | | | |
| 219 | | | | | | | 219 | | | | | | |
| 220 | | | | | | | 220 | | | | | | |
| 221 | | | | | | | 221 | | | | | | |
| 222 | | | | | | | 222 | | | | | | |
| 223 | | | | | | | 223 | | | | | | |
| 224 | | | | | | | 224 | | | | | | |
| 225 | | | | | | | 225 | | | | | | |
| 226 | | | | | | | 226 | | | | | | |
| 227 | | | | | | | 227 | | | | | | |
| 228 | | | | | | | 228 | | | | | | |
| 229 | | | | | | | 229 | | | | | | |
| 230 | | | | | | | 230 | | | | | | |
| 231 | | | | | | | 231 | | | | | | |
| 232 | | | | | | | 232 | | | | | | |
| 233 | | | | | | | 233 | | | | | | |
| 234 | | | | | | | 234 | | | | | | |
| 235 | | | | | | | 235 | | | | | | |
| 236 | | | | | | | 236 | | | | | | |
| 237 | | | | | | | 237 | | | | | | |
| 238 | | | | | | | 238 | | | | | | |
| 239 | | | | | | | 239 | | | | | | |
| 240 | | | | | | | 240 | | | | | | |
| 241 | | | | | | | 241 | | | | | | |
| 242 | | | | | | | 242 | | | | | | |
| 243 | | | | | | | 243 | | | | | | |
| 244 | | | | | | | 244 | | | | | | |
| 245 | | | | | | | 245 | | | | | | |
| 246 | | | | | | | 246 | | | | | | |
| 247 | | | | | | | 247 | | | | | | |
| 248 | | | | | | | 248 | | | | | | |
| 249 | | | | | | | 249 | | | | | | |
| 250 | | | | | | | 250 | | | | | | |
| TOTAL IND. | | | | | | | TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | | TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | | TOTAL CLAIMS | | | | | | |